



## TRANSFER REQUEST

- The Account Owner should complete this form to request a transfer of units from one GET account to another.
- Complete all sections of this form and include signature or processing will be delayed.

### Account Owner Information

Name (*First, Middle, Last, Suffix*) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Street Address/Apartment Number \_\_\_\_\_ Email Address \_\_\_\_\_  
Post Office Box Number \_\_\_\_\_ Telephone Number(s) \_\_\_\_\_  
City / State / ZIP Code \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

### Unit Transfer Information

Number of units to transfer \_\_\_\_\_ or  transfer all units and close account

Transfer from GET account \_\_\_\_\_

GET Account Number \_\_\_\_\_ Student Beneficiary's Name \_\_\_\_\_

Transfer to GET account \_\_\_\_\_

GET Account Number \_\_\_\_\_ Student Beneficiary's Name \_\_\_\_\_

Reason for Transfer Request \_\_\_\_\_

### Signature - REQUIRED

***Only the Account Owner may authorize changes to the existing account.***

*I certify under penalty of perjury that I am the legal Account Owner and I authorize these requested changes to the Guaranteed Education Tuition Program account indicated above.*

\_\_\_\_\_  
**Account Owner's Signature**

\_\_\_\_\_  
**Date**

**Submit to:** Guaranteed Education Tuition, PO Box 43450, Olympia, WA 98504-3450 or by Fax at 360-704-6200

**Questions:** GETInfo@hecb.wa.gov or 1-800-955-2318